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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>	Attorney Docket No. 32860-000628/US	
	Inventor(s)	Winfried FEUERSTEIN and Franz SCHREINER
	Title	GENERATOR OUTPUT LINE, IN PARTICULAR FOR A CONNECTION REGION IN THE GENERATOR BASE

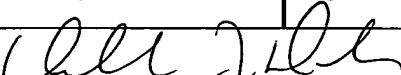
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 18] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4] 5. Oath or Declaration [Total Pages] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies
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18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an **Application Data Sheet** under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____ / _____
Prior application information: Examiner _____			Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		30596		or <input type="checkbox"/> Correspondence address below	
<small>(Insert Customer No. or Attach bar code label here)</small>					
Name	Harness, Dickey & Pierce, P.L.C.				
Address	P.O. Box 8910				
City	Reston	State	VA	Zip Code	20195
Country	United States of America	Telephone	703-668-8000	Fax	703-668-8200

Name (Print/Type)	Donald J. Daley	Registration No. (Attorney/Agent)	34, 313
Signature			Date
			October 16, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

17457 U.S. PTO
10/685784
101603



17648 U.S. PTO

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PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2003		Complete if Known		
		Application Number	NEW	
Patent fees are subject to annual revision.		Filing Date	October 16, 2003	
		Inventor(s)	Winfried FEUERSTEIN and Franz SCHREINER	
		Examiner Name	UNASSIGNED	
		Group / Art Unit	UNASSIGNED	
TOTAL AMOUNT OF PAYMENT	(\$)	982.00	Attorney Docket No.	32860-000628/US

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number	08-0750	Fee Code	Fee Description
Deposit Account Name	Harness, Dickey & Pierce, P.L.C.	Large Entity Fee (\$)	Small Entity Fee (\$)
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		1051 130	2051 65
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		1052 50	2052 25
2. <input checked="" type="checkbox"/> Payment Enclosed:		1053 1053	1053 130
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		1812 2,520	1812 2,520
FEE CALCULATION		1804 920*	1804 920*
1. BASIC FILING FEE		1805 1,840*	1805 1,840*
Large Entity Fee (\$)	Small Entity Fee (\$)	1251 110	2251 55
1001 770	2001 385	1252 420	2252 210
1002 340	2002 170	1253 950	2253 475
1003 530	2003 265	1254 1,480	2254 740
1004 770	2004 385	1255 2,010	2255 1,005
1005 160	2005 80	1401 330	2401 165
SUBTOTAL (1) (\$ 770)		1402 330	2402 165
2. EXTRA CLAIM FEES		1403 290	2403 145
Total Claims	27	1451 1,510	1451 1,510
Independent Claims	4	1452 110	2452 55
Multiple Dependent Claims		1453 1,330	2453 665
Extra Claims		1501 1,330	2501 665
Fee from below		1502 480	2502 240
Fee Paid		1503 640	2503 320
Total Claims		1460 130	1460 130
Independent Claims		1807 50	1807 50
Multiple Dependent Claims		1806 180	1806 180
Fee Paid		8021 40	8021 40
Total Claims		1809 770	2809 385
Independent Claims		1810 770	2810 385
Multiple Dependent Claims		1801 770	2801 385
Fee Paid		1802 900	1802 900
Total Claims		Other fee (specify) _____	
Independent Claims		*Reduced by Basic Filing Fee Paid	
Multiple Dependent Claims		SUBTOTAL (3) (\$ 0)	
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